

TOWN OF COTTAGE GROVE

ALCOHOL BEVERAGE LICENSE APPLICATION

Instructions: Print or type all required information. Complete this form and forward it to the town clerk, along with a check or money order for the applicable fees made payable to the Town of Cottage Grove. All questions on this application **must** be answered completely and accurately before it can be processed. Failure to do so will result in a delay in processing or rejection of the application, which could jeopardize your business operation.

If this is a new application for an operator license, you must attach a certified copy of the documentation which indicates that you have successfully completed a responsible beverage server training course.

LICENSE TYPE AND FEE

(Indicate which license is being applied for)

_____ Operator (\$25)

_____ Manager (\$25)

PRIMARY ESTABLISHMENT

(Indicate Name of Establishment Being Applied For)

NAME: _____
License is valid at all establishments licensed in the Town of Cottage Grove

INDIVIDUAL INFORMATION

NAME: _____
Last First Middle

HOME ADDRESS: _____
Street Number (PO Box or RR Number NOT acceptable) Municipality / State / Zip Code

PREVIOUS NAMES: _____
(Use separate sheet if necessary)

DATE OF BIRTH: _____ BIRTHPLACE: _____ RACE: _____
SEX: (M) (F)

DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUE: _____

SSN: _____ PHONE NOS: () _____ () _____
Home Work

LIST ALL PREVIOUS ADDRESSES WITHIN THE PAST 3 YEARS: (Use separate sheet if necessary)

Date(s) Street Number (PO Box or RR Number NOT acceptable) Municipality / State / Zip Code

Date(s) Street Number (PO Box or RR Number NOT acceptable) Municipality / State / Zip Code

Date(s) Street Number (PO Box or RR Number NOT acceptable) Municipality / State / Zip Code

(Continued)

Check all applicable boxes: Any question answered YES must be explained below in detail, with any appropriate documentation attached. You may use an additional separate sheet if necessary.

	YES	NO
1: Have you ever been convicted of, or are you currently charged with any of the following?		
A. A Felony	_____	_____
B. Illegal purchase, sale or providing alcoholic beverages.	_____	_____
C. Violation of closing hours at a licensed premises.	_____	_____
D. Operating a motor vehicle while under the influence of alcohol and/or drugs.	_____	_____
E. A violation of an alcohol beverage law, regulation, or rule not specified above.	_____	_____
F. Disorderly conduct, criminal damage to property, or obstructing a police officer.	_____	_____
2: Have you held any type of alcohol beverage license in the past 3 years?	_____	_____
3: Do you presently have any overdue or outstanding forfeitures resulting from a violation of any county, city, village or town ordinance?	_____	_____
4: Have you ever had any alcohol beverage license revoked, suspended, or not renewed?	_____	_____

Explanation of any YES answers:

CERTIFICATION

I hereby certify that the information provided on this application is true and correct. I understand that failure to provide all required information shall be grounds for denial of this alcohol beverage license. I further understand that falsification of any information provided shall be grounds for denial or revocation of this license. I fully understand all state and local laws and ordinances governing the sales of alcohol beverages that apply to this application, and agree to abide by those laws and ordinances.

Signature of Applicant

Date Signed